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## Why Policy Matters

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William Shakespeare wrote, “All the world’s a stage, And all the men and women merely players.” Policy sets that stage. There are fancier definitions, but truly understanding this is critical to recognizing the outsized importance that policy has on our health. A frayed social safety net, economic and housing instability, racism and other forms of discrimination, educational disparities, inadequate nutrition, and risks within the physical environment all have indelible impacts on our health. Despite concerted efforts, we cannot manage or mediate these drivers of poor health through programs and interventions, prescriptions, or clinical engagements. Policy is the path toward changing these and other similar issues; toward changing the stage.

Policy has increased life expectancy and improved health. Occupational safety policies, for example, set new workplace practice and safety standards that have prevented tens of thousands of employee deaths each year in contrast to 1930s labor practices.<sup>1</sup> Policies that increased vehicle safety, required car safety seats for infants and children and seat belt use for adults, and increased penalties for drunk and impaired driving have lowered the number of deaths per mile traveled, while we have significantly increased the number of miles we drive.<sup>2</sup> Tobacco use has reached historic lows through a combination of limits on advertising, increases in taxes, and requirements for clean indoor air.<sup>3</sup> This is only a sampling of the policies that contributed to a 30-year increase in life expectancy between 1900 (47 years) and 1999 (77 years). Since the start of the 21st century,<sup>4</sup> the definition of health policy has broadened to include minimum wage increases, paid sick leave requirements, proactive rental inspection, and housing trusts, all of which can help reduce economic and health disparities. While we often focus our attention on creating and implementing new policies, it is equally important to redress those policies that perpetuate inequities. There are decades of racist and exclusionary state and federal policies that contribute to health inequities and poor outcomes that must be changed or removed.

Despite the critical importance of policy to health and equity, most Americans view access to health care as the major driver of our health. People remember going to the doctor—the feeling of being sick and then being restored to health. But people cannot recall the illnesses they never had because of clean drinking water and safer food. Access to health care is an important and visible determinant of health, but it is not the most influential. Yet the United States uses both fiscal and programmatic policies to prioritize

investments in access to health care over policy solutions with the potential to affect entire communities. These investments provide extraordinary care for some but fail to provide real value when compared with other countries. The United States spends more than any other nation on medical care, \$3.6 trillion,<sup>5</sup> but ranks 37th in overall health system performance worldwide.<sup>6</sup> While medical care accounts for only 20 percent of our health, it receives 90 percent of our health care expenditures.<sup>7</sup> Of the remaining 80 percent, social conditions such as education, unemployment, poverty, environmental exposures, and community safety account for half.<sup>7</sup>

Our choices regarding food, schools, recreation, and other key health determinants are shaped by the choices available to us. People who live in concentrated impoverished areas with struggling schools and unsafe neighborhoods have vastly different experiences than their counterparts with stable incomes in thriving communities. These differences impact the health of individuals and populations in positive and negative ways. Yet, instead of examining these upstream influencers of health and addressing them with population-level strategies, the United States remains overly reliant on the health care system to deliver individually focused health solutions. Creating an equitable, healthy society will require a shift from our disproportionate focus on the individual to increased attention to systemic change through policy. While our individual choices—whether to smoke, exercise, or eat a healthy diet, for example—play a significant role in personal health outcomes, successful behavior change is rarely feasible without first changing the policy around environments, systems, and institutions. Policy is a strong enabler that makes the healthy choice the easy choice and creates laws, rules, regulations, and practices that promote health.

Think of it like being on a sinking ship. You need to bail the water (i.e., paying for medical services, focusing on access and insurance), but that does not solve your real problem (i.e., preventing illness in the first place). It only keeps you afloat—temporarily. You can only bail for so long before the boat sinks. US health care strategy prioritizes buying bigger and more buckets when instead we should be finding and fixing the hole (Figure 1-1).

Hospitals and health care systems are recognizing that patients' social circumstances impact their clinical outcomes. To improve patient outcomes, hospitals and health care systems are buying food, offering temporary housing, or covering transportation costs for high-risk patients. While such interventions may mitigate the acute social and economic challenges of individual patients, they provide no long-term solutions. These interventions are often limited to a small segment of the population—those who are in the worst health, have the greatest health care costs, or are enrolled in specific health insurance plans. Meanwhile, those patients who do not rank among the “sickest and most expensive” are ignored.

COVID-19 is mostly framed as a viral pandemic. It is probably better described, however, as a syndemic, defined as the aggregation of two or more concurrent or sequential epidemics or disease clusters in a population with biological interactions exacerbating the prognosis and burden of disease. We are not dealing with viral spread alone. We are also dealing with the effect of decades of neglectful social policies that have contributed



Note: Environmental, social, and community factors are negatively impacting population health. Despite this, solutions focus on expanding health care personnel and access, and meeting patients' immediate social needs.

**Figure 1-1. Buy Bigger Buckets**

to creating an environment where the virus could thrive. Those who are without paid sick leave, who do not earn a livable wage, and who endure housing and food insecurity shoulder a disproportionate burden of disease. Our nation needs to invest in our public health infrastructure, but that must be accompanied by policy changes that immediately address the societal vulnerabilities that have acutely exacerbated our experience with COVID-19 (Figure 1-2).

We need to stop buying buckets and start looking for the hole in the bottom of the boat. If we are to build vibrant, prosperous communities where people can live healthier,



Note: COVID-19 may have been the match, but a history of poor policy decisions resulting in disparities, inequities, and injustice provided plenty of kindling.

**Figure 1-2. Just the Match**

longer lives, we must advance policies that define people's opportunities to be healthy—increasing access to healthy food choices, early education, and green spaces. It is naive to think that programs and interventions can fix decades upon decades of racist and exclusionary state and federal laws. Only policy can fix what policy has broken. The advances we need to improve health and life expectancy will not come from a laboratory or clinic. They will come from legislatures, city councils, and other legislative and regulatory agencies, usually preceded by sustained community-based advocacy. For those who seek to improve health through policy change, this book is intended to be your companion. It is written by practitioners, elected officials, and other policymakers who have firsthand experience with the complex dynamics of policymaking through their professional careers. Its chapters share perspectives on the power of policy from the federal, state, and local levels; demonstrate several evidence-based policy packages developed by leading public health organizations; provide perspectives not only on legislative policy but on the roles of litigation and regulation; and reveal the existing threats to using policy to impact health. Although this book centers the stories of public health policy in urban communities, it can be a source of inspiration for professionals in all locales. Public health practitioners in urban and rural jurisdictions alike can benefit from the experiences shared by the authors as they seek to change policy where they are. Ultimately, our goal is to inspire current and future public health practitioners and policymakers to use policy to achieve optimal and equitable health for all.

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